



## Inspection Authorization Form – WSDA Organic Program

**Business Name:** \_\_\_\_\_ **Reg No:** \_\_\_\_\_  
*The name of the business seeking registration*

### Manufacturer Information

Manufacturer name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

### Product Information

List all products produced by this manufacturer on behalf of the registrant that are being evaluated for registration by WSDA Organic Program.

### Inspection Authorization

By printing my name and submitting this for you attest you are an authorized representative of the manufacturer listed above, give consent the Washington State Department of Agriculture, or its representative, to enter the manufacturing facility listed above for announced or unannounced inspections during normal business hours or other reasonable times for the purposes of:

1. Inspection of the portion of the manufacturing facility listed above where the product(s) listed above or its materials, inputs, or ingredients are stored, produced, manufactured, packaged or labeled.
2. Inspection of records related to the sales, storage, production, manufacture, packaging, or labeling of the product(s), materials, inputs or ingredients
3. Taking of samples of product(s), materials, inputs or ingredients.

I consent to the jurisdiction of the state of Washington in all matters pertaining to the registration on the brand name materials list of the product(s) listed above. I understand and acknowledge that refusal to provide consent to inspection will result in the revocation of the registration or denial of the application for registration for the product(s) listed above. I understand and acknowledge withdrawal of consent granted here or that the refusal to allow inspection of the manufacturing facility or records or failure to allow taking of samples as provided above are grounds for revocation of the registration or denial of the application for registration of the product(s) listed above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_